

Rocklee Residential Home Limited

# Rocklee Residential Home Limited

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Rocklee Residential Home Limited is a 'care home' for people with mental health needs. At the time of our inspection ten people received care and support from this service. The home can accommodate up to 11 people.

### People's experience of using this service and what we found

People received safe care. Individual risks were considered and reviewed. There were enough staff available for people who had the necessary training and experience. Lessons were learnt when things went wrong. Medicines were managed in a safe way. There were infection control procedures in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service support this practice. People enjoyed the food and were offered a choice. When needed people had access to health professionals.

People were supported by staff they were happy with. People were encouraged to remain independent, offered choices and their privacy and dignity was maintained.

People received care based on their assessed needs. People's preferences were taken in to account. People had the opportunity to participate in activities they enjoyed. There was a complaints procedure in place.

Feedback was sought from people who used the service, this was used to make changes. There were systems in place to manage the quality within the service. Staff felt supported and listened to.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good. (27 April 2017)

### Why we inspected

This was a planned inspection based on the previous rating.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.  
Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.  
Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.  
Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.  
Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.  
Details are in our well-led findings below.

# Rocklee Residential Home Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection visit was carried out by one inspector.

#### Service and service type

Rocklee Residential Home Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

During our inspection we spoke with five people who lived at the home, one staff member and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at care records for two people. We checked the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were procedures in place to ensure people were protected from potential harm.
- Staff confirmed they had received safeguarding training and confirmed they knew how to recognise and report potential abuse.

Assessing risk, safety monitoring and management

- People felt safe living at Rocklee Residential Home Limited. One person said, "I am very happy here with staff around me to keep me safe and look out for me."
- People's individual risks were considered and reviewed. When needed people had management plans in place in relation to their mental health needs and medical conditions such as diabetes. Staff were aware of these plans and people received support inline with these.

Staffing and recruitment

- People confirmed there were enough staff available for them. One person said, "Yes there are enough staff, there is even someone here at night so its 24 hours."
- We saw staff were available to offer support to people when needed.
- We saw pre-employment checks were completed before the staff could start working in the home.

Using medicines safely

- People were happy with how they received their medicines. One person told us, "The staff look after my tablets and do them for me, I am happy with that, that way I have them when I need them."
- There were effective systems in place to store, administer and record medicines to ensure people were protected from the risks associated to them.

Preventing and controlling infection

- There were infection control procedures in place and these were followed.
- Staff told us they had access to gloves and aprons which they used when they were offering support to people.
- During our inspection environmental health completed an inspection on the home. The provider gave us assurances they would take the necessary actions to comply with their findings.

Learning lessons when things go wrong

- The provider ensured lessons were learnt when things went wrong. For example, when incidents occurred these were recorded in a 'lessons learnt booklet'. The provider reflected on the incidents such as fire drills

and staffing issues. To see what they could have done differently and what they would change if it re occurred.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental and social needs were holistically assessed and considered.
- People's gender, culture and religion were considered as part of the assessment process. No one was currently being supported with any specific needs.

Staff support: induction, training, skills and experience

- Staff continued to receive training that helped them support people. Once staff had undertaken training they completed a booklet to ensure they were competent in the area.
- People felt staff knew them well and had adequate skills and experience to fulfil their role.

Supporting people to eat and drink enough to maintain a balanced diet

- People enjoyed the food and were offered a choice. One person said, "We pick what we would like. If we haven't got something we fancy we can go to the shop and get it, the staff will help us to cook it."
- People's dietary needs had been assessed and considered. No one was currently being supported with any specific needs.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other services to ensure people received care which met their changing needs. For example, people were regularly reviewed by other professionals including community psychiatric nurses.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare professionals and their health and wellbeing was monitored within the home.
- When people needed to be referred to health professionals for specific advice and guidance we saw this had been completed. For example, people had been referred to the GP and had yearly reviews and some people had seen an optician.
- People's oral health needs had been assessed and plans were in place to ensure people were supported where needed.

Adapting service, design, decoration to meet people's needs

- The home was decorated in accordance with people's choices and needs. People had their own belongings in their individual flats.
- The home had a garden and smoking area that people could access independently.



Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found they were.

- No one that was currently living in the home lacked capacity to make decisions for themselves.
- The registered manager was able to demonstrate to us action they would take should this change in the future.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated in a kind and caring way. One person told us, "I like living here, I have come on so much. All the staff are very nice and kind to me."
- Staff knew about people's preferences and backgrounds, there was written guidance in place for staff to find out information about people.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make choices about their day. The care plans we looked at considered choices and preferences and staff provided support accordingly.
- We saw people were encouraged to do things for themselves and make choices. For example, people chose if they would like to go out, stay in communal areas or remain in their flats.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. One person said, "I have my own space in my flat so if I don't want to be around the others I go in there, but I like the company."
- People who were supported were mainly independent. Staff told us they encouraged this and people confirmed this.
- We observed people were encouraged to be independent and do things for themselves, such as making drinks, another person went to the bank independently to withdraw some money. Records we reviewed reflected the levels of support people needed.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People felt involved with their care and had care plans which were personalised, detailed and regularly reviewed.
- Staff had the opportunity to attend handover where they could share information and changes about people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their careers.

- The provider met the Accessible Information Standard.
- People had information in their files to ensure staff had information available about how they communicated.
- Where people had sensory impairments and used aids to communicate we saw these were used during our inspection. Staff were aware of the importance of these for people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had the opportunity to participate in activities they enjoyed. One person said, "We have some really good day trips that we all enjoy."
- During our inspection most people were out independently. People told us and we saw pictures of day trips and holidays people had been on.

Improving care quality in response to complaints or concerns

- People felt able to complain. One person said, "I would tell the staff if I was worried or unhappy about something."
- The provider had a complaints policy in place.
- When complaints had been made, these had been investigated and responded to in line with these procedures.

End of life care and support

- There was no one currently being supported with end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Quality checks were completed within the service. These included audits on care plans and medicines. No concerns had been identified.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff spoke positively about the management team and the support they received. One person said, "The manager is very good we can speak to her about anything and she will always help us if she can."
- The management were available and visible for people using the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of candour requirements were understood by the registered manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- All staff understood their roles and responsibilities.
- Staff felt supported by the registered manager. They had the opportunity to raise concerns by attending team meetings and individual supervisions.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.
- The previous rating was displayed in the home in line with our requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought the opinions of people who lived in the home. This was through meetings. People were given the opportunity to attend meetings to discuss and share any concerns. When people had identified areas of improvements action had been taken. For example, people had asked for specific items to be on the menu and this had been introduced.

Working in partnership with others

- The service worked collaboratively with other agencies to ensure people received the care they needed.

